The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., Suite 401, 1411 Crescent Street, Montreal, P.Q.

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Subscription Price: **$2.00 per year; foreign and United States of America. $2.50; 20 cents a copy. Combination, with *The American Journal of Nursing*, $5.25. Cheques and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.**

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The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

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THE CARE OF LIFE

The late Ira A. MacKay, M.A., LL.B., Ph.D., LL.D., Formerly Dean of the Faculty of Arts, McGill University, Montreal.

It is a very great pleasure for me to meet this Association of Nurses again. I remember distinctly your last visit to Montreal and I know that, if you return to that city next year or at any future time, you will receive a greater and more kindly welcome than ever before.

I fear, however, that I cannot say much to you this evening with any great confidence. I confess that my belief in the value of the spoken word has declined greatly in recent years. One often feels, I suspect, in the mood which Phocion felt when he exclaimed: "What have I now said amiss?" when the multitude applauded him. We seem to be living in a world of futile words. Loose talking upon subjects of great interest and importance is undoubtedly one of the greatest dangers in our day. Loose talking about war, for example, is probably the surest way of making war itself inevitable. No real peace is possible where there is no peace of mind. It is the images in our minds and the words of our mouths that control the course of our lives. It does not seem to matter whether the ideas in our minds be good or bad; we are condemned to follow them and become like them. The law of ideo-motor action is inevitable. It is only by controlling the ideas in our minds that we can control our lives. "As a man thinketh in his heart so is he."

If, to follow my example a little further, we could only think less and talk less about the tragic horrors of war and more about the infinite promises and blessings of peace, I am sure that many of our most dangerous problems would soon begin to solve themselves: competition in homocidal armaments would soon begin to cease its fury; national economic armament by excessive tariffs, quotas, embargoes and other restrictions on trade would soon begin to crumble; the conduits of helpful commerce would begin to lift their gates; the wheels of beneficent industry to turn again and the unwilling unemployed to find the work they need and must have if their lives are not to be wholly lost both in body and mind.

I confess that I sometimes wish, figuratively at least, that the unlicensed public platform and printing press had never been invented. There must, after all is said, be some limit to the right of free public address. I have clearly no right, for example, to address any assembly of people falsely, misleadingly or negligently, not caring whether my words be true or false. The only possible use of language is to influence the lives of other

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(An address delivered before the Canadian Nurses Association, at the General Meeting, in Toronto, June 27, 1934.)

people for good or ill. If, for example, the lectures which I offer to University students throughout the term do not help them to lead better lives, then all my work is vain and futile and if by any chance these lectures should lead them into a worse way of life then it were better if I had never been born. I have known the lives of good men to be spoiled by a single malicious adjective and the lives of bad men to be praised beyond the limits of true human greatness.

Language is the instrument by which men communicate ideas, sentiments and emotions from one life to another life and must never be used lightly, and if, therefore, we are willing to hand over this instrument, at once so powerful and so delicate, into the hands of haranguing dictators and demagogues, what do you think is likely to become of our civilization? We seem to have come to a vast human parting of the ways. May Heaven send us men of experience, men of true knowledge and sound learning, men of probity and prayer, haloed men, Christlike men to guide us from now on! It was, at any rate, when such rambling thoughts as these were running through my mind that I received your kind invitation to be present this evening and I then ran over the usual index of subjects and they all looked so weary and worn and battered that I threw them aside and wrote down the subject which appears on your agenda this evening: The Care of Life.

I like this subject: The Care of Life. The little serious thought which it contains is my gift to you this evening in return for your kindness to me. Further than this, however, I should prefer that you think it through each in relation to her own life, for if you fail to do this all my words will be lost. I am speaking to you now as individuals and not as an association.

The longer I live the more intimate and personal my philosophy of life becomes. Indeed, I am not sure that I am not a pure individualist. My colleagues and friends, the economists, sociologists and anthropologists must, therefore, forgive me if I tell them again that they seem to me to be placing far too much emphasis at the present time upon what they call collective life or collective human action. I remind them that collective action is a very dangerous agency. Crowds are always very difficult to direct and only men of the greatest courage, true knowledge and fineness can control them. The principal results of collective action hitherto have been wars, revolutions, monopolies, strikes and all sorts of factions. Collective action, in other words, may lead to tribalism and not to peace and goodwill among men, and I must confess that it seems to me to be travelling speedily in that direction at present.

Let us not forget, then, that the springs and sources of real life are always individual. May I, for example, make my meaning clear from a crude maxim in public finance thus: "All public debts must be paid from private pockets." I wonder how many of the elected and electors in our communities fully realize the hard truth of that maxim! All public, social obligations, in other words, are only another name for those obligations which the individual owes to the community, each in his own way. As William James points out in one of his admirable essays: "Irreducible pluralism is the basic fact of human society. All conscious life is personal. Your consciousness is yours and mine is mine. There is no consciousness, for example, anywhere in this room which is nobody's consciousness." There is no duty in all the world which is nobody's duty.

When I look around me this evening, for example, to find that Goddess of Light and Mercy with a silver crown upon her head, called the Canadian Nurses Association, she fails completely to appear and I find only you and me. No matter what science, philosophy or political theory may think, the performance of every duty must begin here, now, and nowhere else. "Do the duty, then, which lies nearest thee and thy next duty will then have become clearer!" This is the supreme law of life, the imperative first principle of all human behaviour. As it is written in *The Everlasting Yea,* "The situation that has not its Duty, its Ideal, was never yet occupied by man. Yes, here in this poor, miserable, hampered, despicable actual wherein thou even now standest (or sittest), here or nowhere is thy ideal: work it out therefrom and working, believe, live, be free." When I speak, therefore, of the Care of Life, I do not mean the Care of Life in the mass or in the abstract, for these phrases have no meaning for me. I mean the care of real individual lives in body and mind, in sickness and in health, the Care of Life by you and me, curative, preventive, beneficient.

There is one problem in the philosophy of life which has perplexed all thoughtful minds in the past—the problem of Mind and Body. The most primitive tribes and the most learned scientists have been puzzled by this dualism. Traces of it are found in the ritual and literature of all human history. We seem always to be living in two worlds, a world of physical material facts and a world of mental conscious facts, and these two worlds have nothing in common. No one can explain, for example, how a physical stimulus or a bodily process in the brain or nervous system can become a conscious mental process or how a mental process, a sensation, a memory, or an emotion can affect the bodily organism. The anatomists and physiologists cannot solve this problem because they do not know, they do not even pretend to know how this bodily organism became sensitive and becoming sensitive, became consciously aware of the world of nature around us.

The curious fact is that we can only know things by becoming conscious of them. If I were not conscious of things I would not know anything at all and in some sense, therefore, my consciousness is as vast as the universe. My conscious mind is not, as some would have us believe, a mere speck on the surface of the earth planet. Magnify the physical universe as much as you will, make it billions of light years in magnitude, and you are only paying an implied tribute to this little conscious mind which can say, Oh, boundless wonderful world.

Our conscious bodily senses are the most wonderful things we know anything about. Consider, for example, the human skin, the most modest of the senses, with its sensations of pressure and strain, warmth, cold and pain, and all that these sensations mean to life. Structurally, the skin as you know is a layer or really six or seven layers of integumentary tissue which cover the outside of the body of which the inner layers are living sensitive cells and the outer layers dead and dying cells. All the issues of life and death lie hidden there. Strange things, then, go on under this outermost wrappage of the human body. Or consider again what it means when I grasp you by the hand in love or hate and know that two conscious souls have met here—now on the way to eternity. Consider and bow the head.

Many physiologists and some psychologists, the behaviourists for example, despairing of finding any satisfactory solution to this problem, have attempted to solve it by ignoring or denying altogether the existence of consciousness. Consciousness, they say, is a superstition, a momentary shadow of reality, or, as Huxley said, it is like the smoke from an engine or the steam from a kettle which soon fades away. A recent critic of the behaviourists has said of them: "Psychology first lost its soul, then it lost its mind and now it is losing consciousness," and while this saying is no doubt meant in humour, it seems to me to be quite true. Clearly, we cannot solve the problem in this way. We cannot turn off the light and not live in darkness.

Puzzling, however, as this problem is in theory, we need only look at the facts again with an unflinching eye to recognize that the oneness of mind and body is an obvious fact in every moment of our lives. Whatever affects the body affects the mind sooner or later and whatever affects the mind affects the body immediately. Even so simple an act as turning my head or shifting my attention changes my pathway of life appreciably both in body and mind. Just, it seems, as two organs in the body often perform entirely different and opposite functions, so both mind and body play their parts in the life of all individual human beings. The complementariness seems complete and, therefore, both mind and body must be equally respected in the care of life. I commend this truth to you in the practice of your profession.

I do not wish you to think this evening, however, that your profession has any monopoly in the care of life. Education is also interested in this subject and I insist upon sharing it with you. Indeed education fully understood is only another name for the beneficent care of life in body and mind, especially during that earlier period in the life of all known living things, the period of growth from birth to maturity. Too much learning and too much sport are alike unhealthy and dangerous to life. Too much learning maketh Jack a dull boy and mental cases are far too frequent in this class. On the other hand the aim of playing games is neither to win or to lose but to play. The play's the thing. Play all the games and play them poorly is the best sports maxim I know.

We must, however, be careful of our definitions. By education we usually mean the enlargement of true knowledge in the community and the careful training of the students' mental powers of perception, memory and reasoned discourse. At any rate, I think that you will agree with me that this is the idea of education upon which we proceed in practice. Why then, I ask now, this emphasis upon the mind in this narrow sense of the term at the expense of the moral, aesthetic and religious factors which are always uppermost in human lives? Too much knowledge, however true, may be as great a burden on human life as too great worldly possessions—and I am convinced that this is the real reason why so many of our students so soon unburden themselves of nearly all that they have learned in school and college—and the training of the mind in this narrow sense can only produce at its best a type of nude realism clothed in clever literary wit which is all too common in recent literature. Sinclair Lewis, for example, in his late book *Ann Vickers*, aptly describes his own contribution to literature as "corn-beef hash" and this is no doubt true, but the real trouble is that Mr. Lewis, like so many of his contemporaries, does not seem to realize that the hash is mostly rotten.

Is it not clear at once that the training ing of the mind in this purely scientific and logical sense is almost wholly implemental? As John Dewey insists so constantly, all knowledge, however pure, is merely instrumental. It is not the knowledge of truth, in other words, but the being truthful that really counts and until we make the truth we learn real in our own lives there is no gain. I repeat it again, unless our teaching helps our students to live better lives, all our work is vain and futile. Unless the truths we teach take root in the deeper incentives of life no new life will come.

I am always bewildered by some popular writers and lecturers on science, always untrue to their own subject, who claim with so much confidence that science is only interested in discovery and not in the consequences or human uses of its discoveries; that, for example, it does not matter to the scientific worker whether he discover insulin, some other agent meant to save life or a poison gas meant to destroy it. Is, then, the scientific worker in his laboratory an amoral being? Is he above good and evil, or is he only like the investment banker caught in the Frankenstein of his own devices not knowing how to escape? Have science, mechanical invention and industry conspired to ignore the postulates of right living? When was it then, I ask, that the cardinal goods, truthfulness, honesty, work well done, cleanliness and kindness became unworthy of careful study in the schools and colleges? Are not the ingredients of the good life as worthy of careful study as the ingredients of gunpowder? Has the attempt to construe the humanities after the analogy and method of the physicial sciences proved a dismal and dangerous failure? Is that the huge mistake we are making?

Economics, for example, is obviously a pure humanity. Economics is the study of wealth and the essence of wealth is its human utility and value and not its mere physical existence. If economic commodities were merely physical objects to be produced, moved about and stored in space, the study of economics would have no meaning. If gold were money then money would have no meaning. It is, I think, an obvious scientific fact that all human values fall within the fields of morals, aesthetics and religion. Of what avail, then, that we try to adjust hours of labour, wages, output, prices and profits unless the attempt be based upon some established, true philosophy of human values? Are we trying to devise economic controls when the only effective controls are moral controls? These are vast questions, but we must answer them soon or danger and death are at the gate and will come in. Every scientific discovery and every business transaction is a moral deed and is, therefore, made up from exactly the same elements as private deeds. The real fallacy seems to be that when science enters the field of the humanities, it leaves its own proper field. It leaves, in other words, the field of understanding and enters the field of appreciation and appreciation is always something greater and better than understanding. Open Aristotle and Plato, read *The Republic* and *The Nachomachean Ethics* again and learn and lay to heart that all science, economics and politics are only means which make the good life possible.

I almost hesitate to speak to you about the importance of aesthetics in the Care of Life, since the intuition of beauty is usually supposed to be reserved for only a few fine souls in this hard world. If we only look about us, however, and try to estimate the amount of effort and money which we spend so anxiously and blindly in the attempt to beautify our public places, public buildings, homes and persons we may perhaps be driven to the conclusion that the only thing which men really do desire most in their downmost heart is pure loveliness.

But you will ask me what can we do to encourage aesthetic education in this cold, rugged wilderness called Canada. Europe has her music, art and literature and her noble ruins so redolent of human memories, but what have be instead? The answer to this question is that we have all the best that Europe has to offer and a new, clean, vast country all our own.

Talk not to me of summer lands and sunny skies,
Where wild flowers grow in murky meadows by the sea!
I hate the heat and filth and stench and sickening smells
Of all things tropical in hue.
Commend me to the Northern lands and wintry climes,
Where crystal snowflakes sparkle in the air
And white-robed angels flit across the plains
And dance along the starry heavens o'night.
There I shall sing my clear-voiced winter's song
Beneath the great dome's clear eternal day,
Where God's pure countenance shines with a clean cold light
Unknown to men in other lands than mine.
Then lay me low at last in some wild wintry place
And wrap my worn-out body in a snowy wreath
And bid my soul be gone on its lone way
To dwell among the Northern stars forever more.

I know this country from sea to sea: the Maritime Provinces by the sea, the loveliest part of Canada, down the two middle provinces by the wide, rushing river, across the wide prairie lands, "the land for which the tongue of England hath no name", *The Prairies*, over the giant multitudinous Rockies, gazing like hooded clansmen far across the wide Pacific—I see it all. It stands before me now and it is the great health and cleanliness of it all which has always appealed to me most. Healthy clean bodies and healthy clean minds must always be our ideal in this new land.

The first duty of every government is to maintain the health of its people; the next duty the education of its people; the next the administration of justice in its Courts of Law; the next the practice of honesty and truthfulness and the performance of all promises in public affairs; the next the practice of good manners, that finest expression of the cultivated mind, in all public offices. Let any nation follow these postulates of good government and it need not fear from extreme Fascism or extreme Communism or from any other danger coming from within.

I have no title to say anything to you about religion and the Care of Life, but I cannot finish my story without trespassing a little bit on this subject. I wish to point out to you, then, that what I have said about science is also true of aesthetics. It is not the knowledge of truth and the intuition of beauty which really count. I repeat, unless we make both truth and beauty real in our own lives, there is no gain. This is the meaning of the good life, the only thing in all the world which makes the care of life worthwhile. He would surely be a craven soul, however, who, having enjoyed these priceless revelations, should still forget those attitudes of gratitude, confidence and worship towards that spiritual unity of all truth and beauty immanent in the world of nature around us and implied in all we know or can know. Truth, beauty and goodness all lead by the shortest lines into the presence of God himself, the fountain and source of all life. This is the true meaning of religion.

The sun, the moon, the stars, the seas, the hills and the plains
Are not these, O Soul, the Vision of Him who reigns?
And "Is not the Vision He" who can also say "I am I"?

Tennyson misnamed this poem "The Higher Pantheism." He should have called it "The Higher Humanism."

Now I have only a little time left to talk to you in a professional way. I took this subject, The Care of Life, from your profession and now I give it back to you again, I hope with a larger meaning. I shall not flatter you. I know the drudgery and often ingratitude which attends the daily practice of your profession. I remind you, however, that drudgery and sometimes ingratitude are the best human measures of work well done in all vocations in life. It is your work by strong and gentle hands to lift those who are ill in body and mind back to health and strength again, or perhaps to stand by the portals at the great dawn and bid them a fond farewell as they venture forth into the greater life beyond. Do not think that the art of gentleness has no technique for it is really the most difficult of all human arts to master. Never take a derisive or bitter attitude towards anything in life. Be kind in all things, great and small. There is a law which is higher than the law of justice: it is the law of kindness. Justice gives to each man his rights and no more, but the law of kindness is beneficent and god-like. I once had a friend, very dear to me, who sang and hummed a simple song thus:

If we err in human blindness, and forget that we are dust,
If we miss the law of kindness in the struggle to be just.

And the refrain of this simple song, "If we miss the law of kindness in the struggle to be just" has been echoing in my ears all these years and I know that it has made a very different man of me.

Two things are necessary in the treatment of patients, their cure and their care. The cure of patients is the task of the medical profession and their care the task of your profession, and I do not know which is the nobler. The medical profession is chiefly interested in the cure of the body, but the oneness of mind and body must always be the first axiom in your profession. It is no doubt necessary, therefore, that you learn all you can about the science and practice of medicine and surgery, but I see a far greater opportunity than that for the education of the nursing profession engaged as you are in the care of life in all its phases. Indeed, there is nothing that is finest and best in the most liberal education that should not be of the greatest value to you in all your work and, if you follow this suggestion, I know that your profession will continue to grow in importance in the future and you will then be needed not only in the hospitals and in the homes but in the schools and industries and public services and whereever the care of life is needed. And if cruel and deadly war be thrust upon us you will be there, too, to prove by your presence and devotion that after all life is worth living and caring for even in extremis. God bless you and keep you and prosper your Association.

SUNSET AND EVENING STAR

It is with deep regret that we record the sudden death on August 19, of Dr. Ira Allan MacKay, late Dean of the faculty of arts and sciences of McGill University. At the Biennial Meeting of the Canadian Nurses Association Dean MacKay made what was destined to be his last public utterance. All who heard "The Care of Life" must have been impressed by the sharp contrast between it and all the other addresses which went to make up our programme, for it challenged the value of collective thought and action and asserted that "the springs and sources of real life are always individual." For good or ill the nursing profession seems to be committeed to collective action and it may be well for us to pause in our busy driving lives and to listen to this voice which comes to us from the brink of eternal silence. Dean MacKay belonged to Nova Scotia and it was there, down by the sea, where he had gone in search of rest that the end came. He was a gentleman and a scholar. May the Northern earth he loved, lie light above him.

By the sea, Chester, N.S.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

INAUGURATION OF THE NIGHTINGALE FOUNDATION

On July 5, 1934, at 15 Manchester Square, London, the Florence Nightingale International Foundation was inaugurated. This auspicious occasion was given Royal recognition by the Queen herself who evinced her personal interest in the following telegram:

A GATEWAY FOR THE NATIONS

> I am interested to learn that the International Memorial to Florence Nightingale is being inaugurated today, and I am glad to know that it is to take an educational form, as this would undoubtedly have commended itself to Miss Nightingale, who had so much at heart the education of nurses and the training of a great nursing service, not only in this country but throughout the world. I extend a warm welcome to all the delegates from foreign lands and from the British Overseas Dominions who have assembled in London for the inauguration of the memorial. I shall follow the progress of the Florence Nightingale International Foundation with interest, and I send to one and all concerned my cordial good wishes.
>
> MARY R.

The Grand Council

The Chairman, Sir Arthur Stanley, explained that the purpose of the Foundation is to provide postgraduate nursing education, on a permanent basis, for a selected group of fully trained professional nurses drawn from those who stand in the forefront of their profession in all countries. The Foundation will be governed by a Grand Council, comprising representatives of the International Council of Nurses, the League of Red Cross Societies and of each duly constituted National Florence Nightingale Memorial Committee.

The Officers of the Grand Council

Dame Alicia Lloyd Still, President of the International Council of Nurses and Matron of St. Thomas's Hospital was unanimously elected to the presidency and Sir Arthur Stanley was chosen by acclamation as honorary treasurer. Two Honorary Presidents were elected by unanimous vote: Mrs. Bedford Fenwick, President of the National Council of Great Britain, and Miss Mary Adelaide Nutting, Emeritus Professor of Nursing, Columbia University. It is largely owing to the courage and vision of these two distinguished nurses that the Foundation originally came into being and they will continue to be a source of inspiration and wise counsel during its formative years. The following list of vice-presidents is interesting because it emphasizes the international character of the enterprize: Mme Celmins (Latvia); Mlle Chaptal (France); Mrs. Draper (U.S.A.); Miss Annie Goodrich (U.S.A.); Miss Jean Gunn (Canada); Miss Hagiwara (Japan); Mlle d'Haussonville (France); Mlle Hellemans (Belgium); Miss Margaret Huxley (Irish Free State); Miss Bergliot Larsson (Norway); Dr. Alice Masarykova (Czechoslovakia); Mlle Odier (Switzerland); Miss Venny Snellman (Finland); and Marchesa di Targiana Giunti (Italy). The Grand Council will meet again in the summer of 1935 and thereafter every two years and a committee of management has been appointed of which Dame Alicia Lloyd Still is chairman; its membership is as follows:

League of Red Cross Societies (3):

Mlle Odier, Member of the International Red Cross Committee.

Mr. Ernest J. Swift, Secretary-General.

Mrs. Carter, Chief, Nursing Division.

International Council of Nurses (3);

Mrs. Bedford Fenwick, President, National Council of Nurses of Great Britain.

Miss Bergliot Larsson, President, Norwegian Nurses' Association.

Mlle Chaptal, President, National Trained Nurses Association of France.

British Red Cross Society (2);

Lieutenant-General Sir Harold B. Fawcus, Director-General.

Dame Sarah Swift, Matron-in-Chief, Nursing Service.

National Council of Nurses (2);

Miss M. S. Cochrane, Vice-President.

Miss E. M. Musson, Vice-President.

Bedford College (1);

Miss G. E. M. Jebb, Principal.

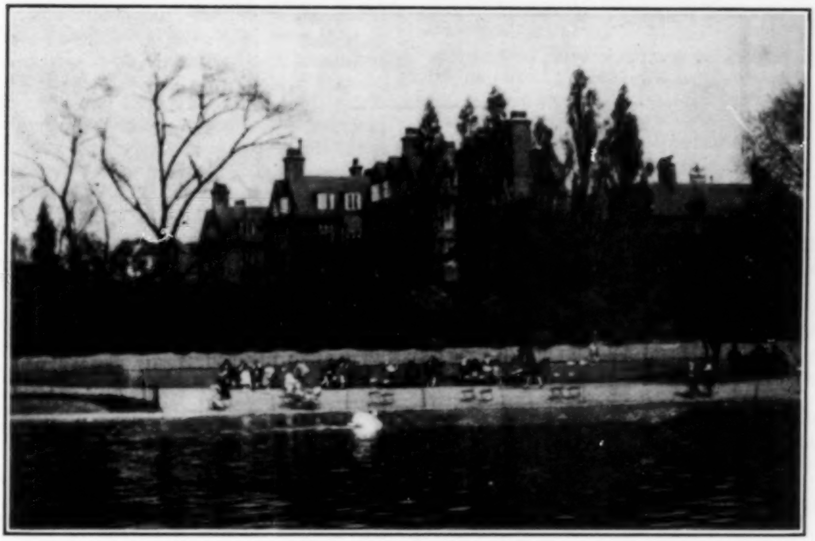
College of Nursing (1);

Miss Cox-Davies, President.

"Old Internationals" Association:

Miss Mechelynck (Belgium).

The secretary of the Foundation is Miss Olive Baggallay who will retain her appointment as a tutor on the staff of Bedford College. Miss Nan Dorsey, whom successive groups of "internationals" will remember with affection, will continue to act as warden.



BEDFORD COLLEGE, LONDON

Finance

In order to assure a proper financial basis for the new undertaking the sum of £200,000 will be required. The raising of this endowment is necessarily a difficult task in times like these but the report of the Provisional Committee presented by Sir Arthur Stanley, showed that immediate prospects are good and that the ultimate financing of the Foundation on a permanent basis is well under way. It was announced that a committee set up by the American Red Cross Society had fixed a goal of $100,000 and in the meantime the committees in various countries were endeavouring to provide scholarships which would help to maintain the courses from year to year.

The Gift of the League

As soon as the necessary formalities have been complied with, the League of Red Cross Societies will hand over as a gift to the Foundation the lease and equipment of 15 Manchester Square which since 1925 has served as a home for the students taking courses under the auspices of the League. From the outset therefore the new project will be "a going concern" and, thanks to the generosity of the League, will get into its stride at once and be able to show results during the difficult period of fund raising.

Canada Will Be There

Twenty scholarships have been made available for the coming session and two Canadian nurses, Miss Elizabeth Smith and Miss Christina Murray, will represent Canada in this international student group. We thus have a living link with the new enterprise and shall watch its development with interest and pride.

Correspondence

Nurses on the Screen

My dear Miss Johns:

I have read with interest the "Off Duty" page in the July number of *The Canadian Nurse*. This page was of particular interest to me at this time because of the protests which we are receiving from various members of the American Nurses Association relative to the motion pictures which have been appearing within the last few years as portraying the life of the trained nurse. On June 28, 1934, I wrote to Mr. Jesse L. Lasky of Hollywood, California, as follows:

"On behalf of the more than 100,000 members of the Association may I express to you their appreciation of your desire to insure authenticity of atmosphere and character portrayal in the picture which you are planning to produce under the name of 'The White Parade' and which is intended to be a real story of nurses in training. I am sure I need not say that the trained nurse as has she been portrayed in certain motion pictures which have been released during the past few years, has not been the type of individual into whose keeping any family would knowingly and willingly give the care of a loved one; nor has she been the type of person whom one could visualize going about in a community teaching people how to live healthier, happier and better lives. I am confident there is so much sentiment, adventure and heroism in the day-by-day life of the nurse who quietly and unostentatiously goes her usual round of duty that there is no need to seek for material for screen or story in the cheap or sordid. May I say that on this score numerous protests have been received in our Headquarters' office from members scattered through the country. For this reason also it is gratifying to read your letter. May I assure you that should you desire to call upon them for constructive criticism, the officers of the American Nurses Association will be pleased to be of any possible assistance in the preparation of your proposed film."

Mr. Lasky states that he "plans to produce in the near future a production entitled 'The White Parade' which is designed to glorify this magnificent profession." Mr. Lasky refers to the nursing profession. I wish he might read this page of yours. I believe it would be more effective than my letter.

May I take this occasion to tell you how much I enjoyed my brief visit to Toronto and the renewal of acquaintances with Canadian friends. Thank you all again for your delightful hospitality.

SUSAN C. FRANCIS,
President, American Nurses Association.

Speak Up in Meeting

Ever since graduation I have viewed with growing concern the apparent indifference of private duty nurses to subjects and conditions that are vital to their own particular group. True, there are the few courageous, ambitious souls who keep the organizations going, attend the meetings, and make the rules. But the efforts of the majority are confined to hurling destructive criticisms at their sincerest efforts. One is reminded of the onlookers at the baseball game who call out indignantly, "Why didn't you throw it to third base?"

It has always been easy for the spectator to find fault. I never pass a hospital but I think of all the suffering men and women who would be benefited by special nursing care, and at the same time I know that there are hundreds of nurses who want and need work. Between these two groups stands the thick high door of financial insufficiency. Who has the key? Have we?

There is a great deal of feeling among nurses amounting almost—I am sorry to say—to bitterness in some cases, that nurses are not called from the central register with any degree of fairness. I have heard nurses not only from my hospital but other hospitals as well discuss this very thing. I hear it in the dining room, in the dressing rooms, in the nurses' sitting room, in fact anywhere nurses are gathered, except the place it would do any good—at the meetings. Now anyone with any knowledge of human nature and psychology will admit that not all nurses suit all patients by any means. However intelligent pretty young Miss Jones is, she is obviously not the best type of nurse for alcoholic Mr. Brown. But nurses feel that this privilege of hospitals and institutions to pick and choose is very greatly abused. I shall not attempt to comment on this personally except to quote an old proverb, "Where there is a lot of smoke there must be a little fire." How much? Why don't we find out?

Since I graduated I have tried to keep up with the varied interesting movements of the medical and nursing world. Research is going on steadily and new techniques are being discovered which far surpass the old. But books and magazines are expensive, and I am deprived of reading much that would be both interesting and profitable. Many nurses must feel the same way, and if enough are interested why not begin a small library from which such books might be borrowed. Think about it, will you, and let us hear what you have to say.

Another thing I would like to mention is superannuation for nurses. Surely one would not have to expend so very much each year to ensure a small income later on. My letter has been much longer than I intended but there was much I wanted to say. I would be happy to see anything I have mentioned discussed by other nurses.

A PRIVATE DUTY NURSE.

A Safe Confidant

Recently Mrs. C., who used to be a regular attendant at our pre-school age clinic, made an appointment to discuss "something that is worrying me." Her small son, aged eight is the youngest of a family of four. The mother is a normal, healthy, reasonably intelligent, practical woman of forty-eight. Her symptoms were cessation of menstrual flow and enlarging abdominal mass. These symptoms, among others, were spoken of with a resigned air toward impending trouble, and her recitation of them ended with "I've read several articles lately on cancer in women of my age, and I strongly suspect this is the trouble, but I felt I would like to speak to you before going to the doctor." In reply I asked: "Mrs. C., are you absolutely certain that there is no possibility of pregnancy?" A look of blank amazement came over her face followed by a broad smile and quick flush of color and then her reply—"Of course, how foolish of me, and to think that I never thought of it." A very happy Mrs. C. came again the next day to my office. "I've been to the doctor and he examined me and all is well. As for my husband, he is the happiest man in the world." I think it is safe to deduce from an experience of this kind that there are times when, through a fear induced by a little knowledge, there is a need for the professional knowledge combined with sympathetic understanding that the public health nurse is in a position to give.

A PUBLIC HEALTH NURSE,
Prince Albert, Sask.

ALBERTA ANNUAL MEETING

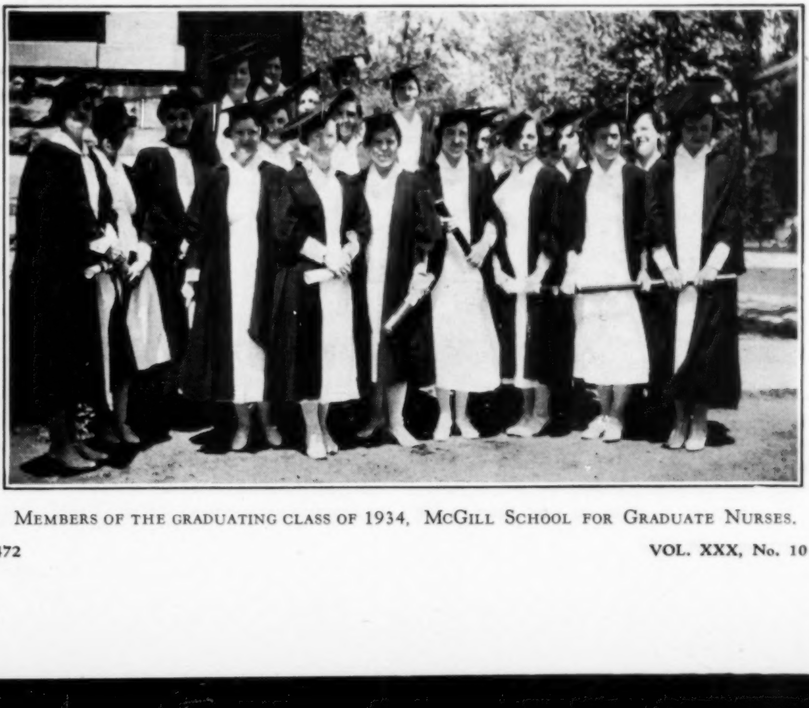
The Alberta Association of Registered Nurses has accepted an invitation from the Alberta Hospital Association to hold their Annual Meeting conjointly with that Association. This Conjoint Convention will be held on October 9 and 10, 1934, in the Memorial Hall, Edmonton, Alta. The guest speaker will be Dr. Harvey Agnew, Secretary of the Canadian Hospital Council.

OFF TO A GOOD START

Although registration is not yet complete it is apparent that the McGill School for Graduate Nurses is off to a good start. Already the student group is more numerous than last year and eight of the Canadian Provinces are represented although, as is to be expected, the majority hail from the good old Province of Quebec. Generous assistance, which will enable certain students to take the course, has been provided by various hospitals and schools of nursing and by the Victorian Order of Nurses.

The direction of the courses to be given during the coming session will be in the capable hands of Miss Marion Lindeburgh, who possesses unusually high qualifications from both a professional and personal point of view. Miss Lindeburgh is a native of Saskatchewan and has nine years' experience of teaching in the public and high schools of that province to her credit. She is a graduate of the School of Nursing of St. Luke's Hospital, New York, and obtained the degree of B.Sc. from Teachers College, Columbia University, majoring in administration in schools of nursing. She is also a graduate of the McGill School for Graduate Nurses and has had considerable experience in school health service and health education as a member of the staff of the Regina High School. Miss Lindeburgh has also served as head nurse and as night superintendent in St. Luke's Hospital and has thus rounded out a well-balanced preparation for her responsible task. At the Biennial Meeting Miss Lindeburgh was elected by acclamation as chairman of the nursing education section of the Canadian Nurses Association and her work as convener of the national committee on curriculum has been of outstanding value.

Associated with Miss Lindeburgh will be Miss S. Mathewson, a graduate of the School of Nursing of the Montreal General Hospital and of the McGill School for Graduate Nurses where she carried off the Lieutenant-Governor's medal for highest standing in the public health course. Miss Mathewson retains her association with the nursing staff of the Child Welfare Association thus affording a strong link between theory and practice in the public health nursing course.



MEMBERS OF THE GRADUATING CLASS OF 1934, McGILL SCHOOL FOR GRADUATE NURSES.

A DISTINGUISHED VISITOR

It is good news to learn that an outstanding British authority on maternal and child welfare will shortly pay a visit to Canada which will probably extend over the months of October and November. This will be Dame Janet Campbell, D.B.E., LL.D., M.D., M.S. (Lon.), who has just retired as senior medical officer for maternity and child welfare of the British Ministry of Health and chief woman medical adviser to the Board of Education of Great Britain. Accompanied by Miss Eunice Dyke, Reg.N., secretary of the division on maternal and child hygiene of the Canadian Council on Child and Family Welfare, Dame Janet will visit all the larger cities in Canada as part of an educational campaign to arouse greater interest in maternal welfare. This tour is being arranged under the joint auspices of the division of maternal and child hygiene of the Canadian Council on Child and Family Welfare and various co-operating national, provincial and local services in the health and welfare fields.

Dame Janet was educated at the London School of Medicine for Women, followed by postgraduate work in Vienna. She served as house surgeon and house physician at the Royal Free Hospital and later as Senior R.M.O. at the Belgrave Hospital for Children. Later she became assistant medical inspector for the London County Council in elementary schools, secondary schools and training colleges. In 1908, she was appointed medical officer under the Board of Education, on the staff of Sir George Newman. In 1919, she was called to the Ministry of Health as senior medical officer for maternity and child welfare, at the same time remaining in her post with the Board of Education. In 1928, she was named the medical member of the committee on the training of midwives and also of the committee on maternal mortality and morbidity. It is in connection with her intensive work and studies in the intervening years that Dame Janet is known throughout the English-speaking world, and is regarded by the League of Nations as one of the outstanding international authorities on the subject. In 1926 she was appointed President of the International Committee on Infant Mortality set up by the Health Committee of the League of Nations, and in 1930 was named the woman member of the Health Committee of the League. One of her latest appointments has been as a member of the Hospitals Construction Committee appointed by the Ministry of Health.

DAME JANET CAMPBELL

This will not be Dame Janet's first service to one of the great Dominions for in 1929 she was invited by Australia to advise on questions of maternal and child welfare. She will be assured of as hearty a welcome in Canada, especially from nurses, who will certainly avail themselves of this opportunity of hearing all that the distinguished visitor has to tell about a subject which is of great interest to us professionally as well as vitally important to the nation as a whole.

Miss Nora Nagle

To the great pleasure of her own school, that of the Royal Victoria Hospital, Montreal, Miss Nora E. Nagle, M.A., has accepted the position of director of its teaching department. Miss Nagle brings to her new duties an excellent preparation from both an academic and a professional point of view and possesses a fund of experience in the administrative as well as the educational field. At the Biennial Meeting of the Canadian Nurses Association Miss Nagle was elected secretary of the National Section of Nursing Education. She is a close student of international aspects of nursing; this interest grew out of the unusual opportunities for observation afforded her during the time that she served as health advisor at International House in New York.

Miss Edith Amas

Miss Edith Amas has been appointed Director of the School of Nursing of the Saskatoon City Hospital, Saskatoon, Sask. Miss Amas is a graduate of this school and also holds the diploma of the McGill School for Graduate Nurses. She succeeds Miss Grace Watson who recently retired. Miss Amas is the president of the Saskatchewan Registered Nurses Association.

Miss Ethel Hillyard

Miss Ethel M. Hillyard, who for the past eight years has been instructor of nurses at the Children's Memorial Hospital, Montreal, has resigned to become instructor and assistant superintendent of nurses at the Chipman Memorial Hospital, St. Stephen, N.B. Miss Hillyard is a graduate of the School of Nursing of the Children's Memorial Hospital and also holds the diploma of the McGill School for Graduate Nurses. Before she entered the nursing profession she had had five years' experience as a teacher. Miss Hillyard took an active part in the work of the nursing education section of the A.R.N.P.Q. and will be very much missed. Prior to her departure her Alumnae Association entertained in her honour and presented her with a charming gift. She is succeeded by Miss Madeline Flander, who is also a graduate of the McGill School for Graduate Nurses.

REFRESHER COURSE FOR INDUSTRIAL NURSES

From October 24 to 27 (inclusive), the School of Nursing, in co-operation with the Department of University Extension, University of Toronto, is offering a refresher course for public health nurses in industry. The enrolment will be limited to 40 and applications will be accepted in the order in which they are received until this number is reached. If sufficient applications are not received within a reasonable time, the course will be withdrawn. Refunds of money paid can be arranged, in case of inability to attend, up to the first day of the course. The course will consist of lectures, conferences and observation visits. No credits will be given for this work nor will any certificate be awarded. The fee will be $3.00. The teaching will include a consideration of: (1) Industrial hygiene, emphasizing medical service in industry; (2) Principles and practices in industrial nursing; (3) Mental hygiene in industry. Round table discussions will be arranged. In addition a visit will be made to an industrial health service.

*If you are looking for "*Off Duty,*" it may be found on the inside back cover.*

THE EDITOR'S DESK

Off the Reservation

Critical readers have noticed that for the last three months the *Journal* has been ranging wide and free and has apparently disregarded the traditional limitations of the three departments of nursing education, public health nursing and private duty. In this number we are more decorous and have returned to the familiar pattern. The question arises as to why it was necessary to change the usual arrangement. The simple reason was that the Biennial Meeting quite declined either to be cooped up in any one division or neatly divided among all three. When private nurses and public health nurses insist on taking part in planning educational programmes and when institutional nurses and teachers of nurses want to take a hand in solving the problems of private duty, all fences must come down, which is just about the best thing which could possibly happen. So, although the *Journal* will continue to carry the captions of the three departments, we cannot guarantee that occasionally the fences between may not be more imaginary than real. All three groups have their special interests and responsibilities but the more each knows about the others the better. After all nursing is something greater than the sum of all its parts.

The Curriculum

This month we present for the consideration of our readers the full text of the interim report of the national committee on curriculum which was given at the Biennial Meeting of the Canadian Nurses Association by the convener, Miss Marion Lindeburgh. This report will repay most careful study. In it will be found a clear description of the objectives of this committee and of the progress made toward attaining them. The completion of the initial study and questionaire marks distinct progress in the building of the new curriculum. The committee now has a foundation of considered opinion, gathered from all parts of the country, upon which to build. No curriculum can be put to effective use if it is conceived in an academic vacuum. It must be related to the actual situation in the nursing field and cannot ignore the extraordinary demands of these difficult times. Fortunately there does not seem to be any likelihood that the committee will allow its thinking to become visionary or unpractical. Progressive additions to its personnel have brought representatives from every field of nursing into council with one another. Physicians, hospital administrators and educators who are also members will, now that the preliminary spadework is accomplished, be able to take an active part in the work that is being planned for the winter months.

No Future?

We heard some one say the other day that private duty nursing had no future. Before assenting to this dismal proposition read what Miss Mabel McMullen has to say on this point. It may surprise you.

Entente Cordiale

Just as we were going to press we were delighted to receive this cordial message from the Reverend Mother Audet of the Hôtel Dieu Hospital, Campbellton, N.B.:

> I wish to thank you for your editorial note "Bi-lingual", in the September issue, regarding the French element in our Association. I am sure that this act of courtesy and good-will will be appreciated by every Canadian nurse—French or English. I enjoy *The Canadian Nurse* more and more. I wish to express my deep appreciation of the splendid work it is doing for our profession.
>
> MOTHER AUDET, R.N.,
> Member of the Canadian Council on Nursing Education of the Catholic Hospital Association.

Department of Nursing Education

REPORT OF THE STANDING COMMITTEE ON CURRICULUM

The Standing Committee on Curriculum was organized under the Nursing Education Section of the Canadian Nurses Association at the Biennial Meeting in St. John in 1932. The work assigned to this committee was the preparation of a national curriculum for schools of nursing in Canada. Wide power was given this committee in regard to both organization and function with the obligation to report progress to the Executive Committee of the Nursing Education Section, and also to publish at intervals a progress report in *The Canadian Nurse*. Members appointed to the committee at the time of its organization were as follows:

Miss Jean Gunn, Toronto.
Miss Constance Brewster, Hamilton.
Miss Ethel Sharpe, Montreal.
Rev. Sister Allard, Montreal.
Miss Marion Lindeburgh, Montreal (Convener).

In an advisory capacity:

Miss B. Harmer, Montreal.
Rev. Sister Augustine, Montreal.

The organization of a standing committee on curriculum was a natural outgrowth of the *Survey* of Nursing Education in Canada. The *Survey* exposed many defects relating to the administration of schools of nursing, and to the education of the student nurse. Findings were sufficiently objective and convincing to indicate the need for certain immediate adjustments, and it was therefore with the definite objective of placing schools of nursing on a sounder educational basis and of raising the status of nursing education throughout Canada, that this committee was appointed. After considerable preliminary correspondence the committee met in Montreal in December, 1932, to discuss the policy of organization and procedure in the whole undertaking. Conclusions reached are as follows:

1. In that nursing education on an independent financial basis and on a fully recognized professional level cannot be secured by any revolutionary measure, but inevitably must come about through gradual improvement of facilities and opportunities for education in the hospital school of nursing, the construction of a curriculum in this transition period should provide for those immediate adjustments and improvements which are indicated in the *Survey* report, and which, through an analysis of the field of professional service, would seem to be the most generally needed.

It is through the avenue of the hospital nursing school that schools of nursing will finally gain professional status, and in this definite attempt to improve the present situation, the way is being very consciously prepared for the development of nursing education, on a recognized professional level.

2. The work of the Standing Committee on Curriculum is to be primarily concerned with those aspects of the *Survey* report which affect directly or indirectly the education of the student nurse—and it is not to be concerned with other parts of the report dealing with problems of nursing service, and other matters.

3. The committee is to be engaged in the building of an educational programme which will provide the essentials for the general practice of nursing in the home and community, as well as in hospital institutions, and it should be sufficiently broad and flexible to provide a sound foundation for specialization in any particular field of nursing service.

4. It was the decision of the committee that this curriculum should definitely provide for the three recognized basic essentials for the intelligent and skilful practice of nursing:

(*a*) The fundamental scientific principles which underly the practice of nursing;

(*b*) The technical skills which constitute the art of nursing;

(*c*) The humanitarian and professional ideals which determine the spirit and attitude of the nurse.

5. It was agreed that the preparation of a curriculum for schools of nursing in Canada is a national enterprise, and demands the

interest, effort, and participation of all members of the nursing profession in Canada. It cannot be confined to, or be the responsibility of a few selected members, but it is a project to which all branches of nursing service should contribute. Members engaged in professional service in the community should be the most qualified to interpret community needs to the profession, and it is from this source that valuable information can be secured, which should aid in determining the essential educational content which can best fit the student for efficient community service.

In that the representation on the committee was confined to administration and teaching in schools of nursing it was decided to enlarge the personnel to secure a wider representation from the fields of education and professional service. The following members were added:

Mrs. W. Prince of the School for Graduate Nurses, McGill University, representing public health nursing education.

Miss M. Moag, District Superintendent, Victorian Order of Nurses, Montreal.

Miss E. Beith, Executive Director, Child Welfare Association, Montreal, representing public health nursing service.

Miss I. MacIntosh, Hamilton, representing private duty nursing.

Dr. A. T. Bazin and Dr. E. P. Benoit, representing general medical practice.

Dr. A. G. Fleming, McGill University, representing public health and preventive medicine.

Miss E. Flanagan, teaching staff, Royal Victoria Hospital, representing teaching and supervision in schools of nursing.

Miss E. Johns, editor and business manager, *The Canadian Nurse*.

Miss E. F. Upton, secretary.

To the advisory committee were added Dr. G. M. Weir, the director of the *Survey*, and Professor F. Clarke, Department of Education, McGill University.

In order to secure the participation and co-operation of all nursing groups throughout the Dominion it was decided to adopt a plan of provincial organization which provided for the formation of provincial sub-committees, the personnel of each to consist of the provincial president as convener, together with the chairman of the three provincial sections, and the convener to be given power to add to her committee, in order to secure a strong provincial group.

The committee agreed to adopt the technic of curriculum construction which is generally recognized in scientific practice, and which includes three main developmental stages:

Firstly, an analysis of the fields of nursing service, for the purpose of securing data to aid in determining the professional objectives of nursing education and service.

Secondly, assembling and evaluating materials submitted from these outside sources, and selecting that information which would seem to have the most direct bearing upon the type of professional preparation needed to meet the growing and changing demands of the modern community.

Thirdly, setting up the whole content of theory and practice, with definite regard to sequence and continuity of experience in the classroom, the clinical field, and the community.

As to the method of accomplishment of the first analysis stage, it did not seem possible nor practical to undertake an expensive survey. It was therefore decided to work within certain limits, and to prepare a study and questionnaire which would secure the opinion of the nursing profession, as to the applicability of certain recommendations in the *Survey* report concerning the education of the student nurse, and also in regard to other fundamental problems which are seriously affecting progress in nursing education. The three hundred copies of this study, distributed throughout Canada last January, and with which I feel sure you are all more or less familiar, was definitely prepared for the purpose which I have just stated.

This study and questionnaire with which you have been engaged during the last three or four months include what would seem to be the fundamental issues of nursing education, both administrative and teaching. This includes the consideration of certain influencing factors, other than the actual educational programme itself in order to safeguard and insure the efficient function of the curriculum.

An extract from the *Survey* suggests the justification of this inclusion:

> It is futile to attempt any real improvement in nursing education by starting in on curriculum reform and overlooking other closely allied and equally vital factors. More important even than the formal curriculum is the selection of the student personnel. Secondly, the quality of the instruction can scarcely be overestimated. Thirdly, adequate facilities and teaching equipment should be available.

The study including these allied factors show the following units:

Essentials of a Good School of Nursing
- (*a*) Organization and finance.
- (*b*) School of nursing committee.
- (*c*) The budget.
- (*d*) Student fees.
- (*e*) The working day.
- (*f*) Living conditions.

Staff of a School of Nursing
- (*a*) Personnel.
- (*b*) Qualifications.
- (*c*) Staff education.

Students
- (*a*) Health examination and supervision.
- (*b*) Qualifications, intelligence, personality.
- (*c*) Academic standing.
- (*d*) Age.
- (*e*) Personal and social development.
- (*f*) Discipline.

Opportunities for Experience
- (*a*) Classroom, library, laboratory.
- (*b*) The clinical field—size of hospital—clinical services.
- (*c*) The community.

The Curriculum
- (*a*) Objectives.
- (*b*) Major functions of a nurse in a modern community.
- (*c*) Conspicuous criticisms made in *Survey* report.
- (*d*) Theory and practice. Time ratio of classroom to clinical teaching.

Classroom
- (*e*) Organization of classroom subjects.

Clinical Field
- (*f*) Organization of clinical instruction and practice.
- (*g*) Educational programme in the clinical field.
- (*h*) Placing responsibility for clinical teaching.
- (*i*) Student assignments in the clinical field.
- (*j*) Elimination of non-nursing duties.

Community
- (*k*) Community experience (nursing interneship).

Methods of Teaching and Learning.
- (*a*) Statement of theory of method.
- (*b*) Statement of committee on education of the I.C.N.
- (*c*) Summary of criticisms (*Survey* Report).
- (*d*) Adjustments.
- (*e*) Case study.

Educational Measurements
- (*a*) Examinations.
- (*b*) Records.

It might here be stated that serious consideration was given to the selection and arrangement of the above units, in the hope that they might serve at a later stage, as the skeleton of the curriculum around which content is to be assembled. Special reference should be made of a separate project undertaken by Rev. Soeur Allard of the Hôtel Dieu, Montreal, and a member of the Central Curriculum Committee. To meet the need of the French hospital schools of nursing in Quebec province, a French translation of the study was prepared and fifty copies were distributed to the several hospitals and to community groups.

During the past few weeks the curriculum studies have been coming in to the central office from the various provinces, and we have been engaged in assembling, tabulating and evaluating answers submitted, making a general statement as to response. The situation is most hopeful and encouraging. Splendid work has been done. Studies undertaken by groups within the hospital institutions, public health organizations, and in the private duty field show the signs of analytic and reflective thinking, and on behalf of the Central Curriculum Committee might I express our appreciation for the interest shown, and effort made by all provincial committees in the curriculum project. If you can visualize our library room at the School for Graduate Nurses, McGill University, you will see long strips of paper upon which are assembled the answers from all the studies sent in, and it is interesting and enlightening to review the total response in connection with any one question. Rev. Soeur Allard has undertaken the task of assembling and evaluating the answers in connection with the French translation and it is significant to note from her report submitted that the concensus of opinion among the French-speaking members correlates very closely with the trend of thought and balance of opinion as indicated in the larger survey.

Besides the task of handling the studies, which has been under the direction of Miss Flanagan, three other pieces of work are under way:

Firstly, the suggestion of a possible plan of placing schools of nursing on a better financial basis, is being undertaken by Miss Gunn; *secondly*, a possible plan for the period of affiliation with a public health nursing organization suggesting educational content and approximate cost is being undertaken by Miss Moag, with a special committee; and, *thirdly*, a possible scheme is being worked out to secure the co-operation of qualified teachers and supervisors in schools of nursing in the selection and organization of classroom subjects, and of ward experience. As supplementary to securing helpful data through the study and questionnaire, curricula from recognized schools of nursing in Canada has been obtained. Information secured in this way, indicated what the better schools are doing under present conditions and will further aid in determining a possible level of educational achievement.

No specified time has been set for the completion of this curriculum task. The first preliminary analysis stage is just now completed, and the much more difficult undertaking of actually setting up the curriculum content is ahead of us. The curriculum committee has discussed the advisability of the first draft of the curriculum being published in sufficiently durable form to be submitted for trial and constructive criticism for a certain length of time, after which period revision should be considered. However, this stage seems somewhat remote at the moment, but the committee would be grateful for any suggestions from this meeting.

As convener of the Standing Committee on Curriculum, might I say that throughout the preparation of the study, members of the committee have worked wholeheartedly and co-operatively together, and with the services, as a most efficient secretary, of Miss Upton, the work, although at times difficult has also been stimulating and pleasurable. It has been a regret that out-of-town members have met but once with us in Montreal, and in order to curtail expense the work has been carried on by correspondence. However it is gratifying that it was possible to arrange what might be termed a re-union meeting prior to this General Meeting, and in discussing plans for further development it was decided to enlarge the membership of the committee, in order that the work might be carried forward more effectively.

In conclusion might I direct your attention to the fact that as the Standing Committee on Curriculum is organized under the Nursing Education Section it would imply that this report would naturally form a part of the programme of that particular section, but in that the project is definitely national in character and is so organized that all provinces and all three sections are taking part in the activity, an adjustment was made whereby the curriculum report could be presented at this general session, and on behalf of all concerned we wish to thank the programme committee for making this possible. Such an arrangement affords the opportunity for all three sections to be represented in the discussion which is to follow, and the topic to be undertaken by each suggests a specific phase of the curriculum problem upon which that particular group is most qualified to speak.

Marion Lindeburgh,
Convener, Standing Committee on Curriculum, Nursing Education Section, Canadian Nurses Association.

Department of Public Health Nursing

HEALTH TEACHING IN THE BASIC COURSE

MAUDE H. HALL, Assistant Superintendent, Victorian Order of Nurses for Canada.

With the phenomenal development in the science and practice of medicine, the possibilities of the promotion of health and the prevention of disease have been enormously increased. The potentialities and responsibilities of the nurse have assumed new aspects. A nurse can no longer concern herself solely with the physical needs and symptoms of her patient and give complete nursing care. She must know her patient as an individual and have knowledge of all those factors in his life which affect his health and may even cause his illness and prevent his recovery. This is as necessary for the nurse in the hospital, or for the private duty nurse, as for the public health nurse giving visiting nursing care to the patient in his home. It is therefore not only to improve the preparation of public health nurses and increase the supply that we are interested in the possibilities of the development of the preventive and public health aspects of the undergradute course, but, as well, to prepare all nurses to meet their responsibilities and to carry out their duties most effectively. In the words of Miss Gertrude Hodgeman, formerly Associate Professor at the Yale School of Nursing:

> Let us assume that basically nursing is one thing whether it is carried on in the hospital, in connection with one patient in private duty or in some public health activity. If the needs of the public health field seem to be emphasized, it is because of the belief that in these aspects the public health nurse is functioning more fully at the present time as a nurse. In this field she has assumed more fully her responsibility to care for her patient as a human being, to bring to him the resources of the community for his welfare and to co-operate with these resources, to appreciate the need and opportunity for teaching.

It is often said that every nurse is a public health nurse, but until preventive measures are stressed more consistently in the practice of the undergraduate nurse, it will refer to the ideal rather than the true state of affairs.

Integration

While public health training has been included in a small number of our training schools in Canada, it has usually been introduced through affiliation with a public health nursing organization in the senior year of the student's course after she has had certain special training including obstetrics and operating room technique. There is little doubt of the value of this experience when the public health nursing organization has assumed its educational responsibility to the student and the time allotted has been of sufficient duration to give her an opportunity to become familiar with the new and complex environment in which she is working. Two months is the minimum period approved by the Victorian Order of Nurses for Canada for such an affiliation. However, if the introduction to this new aspect of nursing is delayed until the senior year a great opportunity has been lost, and interjected at this time, it is a correction rather than the culmination of a sequence of experience for the student. The preventive aspect of nursing and health teaching should be integrated in her training from the early days. To quote from a report of the National League of Nursing Education:

> It should be applied all the way through. Community nursing experience is a more advanced step in the training and should be an out-growth of interest and activities which have been finally established in previous hospital work. Pupil affiliation should be a unification of all previous theory, practice and observation.

Teaching Methods and Content

Perhaps one of the most practical ways

An address delivered before the Canadian Nurses Association at the Biennial Meeting in Toronto, June 29, 1934.

of centering the student's attention on the preventive aspect is through the care of her own health. This can be done through periodic physical examinations, prompt correction of defects, immunization against diphtheria, typhoid and smallpox, instruction in personal hygiene (mental, emotional and physical) and the provision of an environment in which these rules can be observed. The hours for work, rest and recreation should be balanced and some one member of the professional staff should have the responsibility for the oversight of the student's health.

It would seem essential that at least one member of the administrative or teaching staff should have postgraduate training in public health nursing or at least public health experience. In the Yale School of Nursing, which was founded through a gift to the University from the Rockefeller Foundation, one of the conditions of the gift was that the graduates of the school should be prepared to undertake public health nursing. Experience in this field has, therefore, been considered a required qualification for appointment to the faculty of the School.

It would not seem necessary to add more subjects to the curriculum for schools of nursing but rather to augment the content and change the emphasis of those already taught. It is perhaps more a question of developing a quality in nursing and a point of view. From the beginning the student should be taught to regard her patient according to his individuality rather than his disease. Possibly this can be done better through the study of the patient from the standpoint of his background, nationality, family, responsibilities, occupation and personality. The nursing care must be based on the whole need of the patient and in order to give such nursing care, all these factors must be considered as well as the disease from which the patient is suffering. Careful case records should be kept and the result of the treatment studied, otherwise the student will lose much of the educational value of this method.

Home Contacts

It would seem an advantage for the student nurse at some time very early in her training to have some contact with the home of a patient. If she could visit the home of a patient whom she has known in the hospital it would be more significant but that might not be feasible in many instances. A home contact can sometimes be arranged through the social service worker in the out-patient department or through a visiting nursing or other public health agency. Possibly this might be one or two half days spent with a health or social worker. The object of these visits would not be for observation of nursing care or technique but rather of social and economic conditions found in the homes, and through discussion, the relationship of these conditions to the health of the family would be emphasized.

The Hospital and Public Health

The out-patient department of a hospital brings experiences to the student which the wards do not afford. Here illness is seen in its incipient stages as well as in acute and chronic form. The patient comes for advice and the treatment ordered must be carried out in the home, frequently by the patient himself or by a member of his family. This calls for careful instruction. Home conditions must be inquired into to find whether there are facilities for treatment and the co-operation of the patient and family must be gained. The patient is seen here as a member of the community. Through her work in the out-patient department the nurse has a better opportunity to learn the various social and health agencies in the community and their functions.

The various services in the hospital provide opportunities for health teaching. For example, in the paediatric department the parents who are taking a convalescent child home need instruction

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as to his care and the prevention of further illness. Through her theory and practice in the care of children the nurse should be prepared to give this teaching. In the obstetrical department the mother going home with her young baby should have the baby's bath demonstrated as it would be given with the facilities which the home provides. The method used by the community public health agency might well be the one employed as it has been planned by workers familiar with home conditions.

Community Resources

There should be familiarity with the resources of the community which may be called upon for the benefit of the patient. This may be accomplished through having members of the various organizations address the nurses on their programme of work and by following this up by use of the organization as opportunity presents. Nursing care may be required after a patient is dismissed from hospital. A school child may need special oversight by teacher or school nurse. Material relief may be required. Through reference of patients to agencies and a good system of reporting, the nurse will appreciate the value of their work in relation to the health and social welfare of the community.

Field Supervision

In considering field supervision for the students through affiliation with a public health nursing organization, it should be kept in mind that the experience must be educational. The opportunity to do bedside nursing in the homes instead of in the hospital is of doubtful value unless it is associated with supervision, demonstrations, conferences and co-operation with other community workers. The work of the student must be carefully planned not only to give variety of experience but to furnish opportunity to follow through cases where the results of treatment and instruction are evident.

Both from the standpoint of the organization and the student, this affiliation seems to fit in best during the senior year. The student then has a richer store of professional knowledge on which she can build and is better able to benefit by the new experience which she meets in the more complex environment of the community. Unless she is able to do some independent work under supervision she will not get the best out of this. On the other hand the first responsibility of the organization is to the community and while it offers valuable opportunities for rounding-out the student's preparation, it can scarcely be expected to take the risk involved unless the student's training is sufficiently advanced to warrant her acceptance of some responsibility.

A Good Model

The three-year undergraduate course initiated last autumn in the School for Nursing of the University of Toronto opens up new possibilities for nursing education in Canada. Its objectives are outlined by the Director, Miss E. K. Russell, as follows:

> The first thing to emphasize about this school, and perhaps the most important, is that its work is all to be on an experimental basis; it is to be looked upon as research into various phases of the education and the training of nurses. We start with no fixed theories unless perhaps the one simple idea that three years is long enough for a nurse's training. Rather do we start with certain suggestions already long advocated by our profession or accepted as beyond question in the general field of education: working from these we aim to discover.
>
> The school will attempt to make this three-year course in nursing a general practitioner's course. Thus, it is not to be particularized as a hospital training or a public health training; rather it is to be a training for nursing. This procedure is based on the assumption that the graduate of such a course should make a better worker for both the public health field and private duty, and also for hospital work, than those being prepared in the present manner.

Such an approach will ensure, from the beginning, the introduction of health teaching into the basic course.

THE CANADIAN PUBLIC HEALTH ASSOCIATION

EDNA L. MOORE, Chief Public Health Nurse, Division of Child Hygiene and Public Health Nursing, Department of Health, Province of Ontario.

The Canadian Public Health Association met for its twenty-third annual meeting in Montreal, on June 11, 12 and 13, 1934, when each of the following sections of the Association held one or more sessions: Industrial Hygiene, Vital Statistics, Laboratory Workers, Public Health Engineering and Public Health Nursing. There were two combined sessions, namely that of the laboratory workers and public health engineering sections and of the public health nursing and mental hygiene sections. Two general sessions and one joint session with the Canadian Tuberculosis Association completed the programme. A dinner meeting was addressed by the Honorary President, the Honorable L. A. David, K.C., Provincial Secretary for the Province of Quebec. The attendance was upwards of 475 and included representatives from every province. Excursions to the County Units at St. Jerome and St. John were greatly enjoyed. For the past eight years, health workers throughout the Dominion have been following the development of the County Health Unit system in Quebec with keen interest and this opportunity to study the set-up at first hand was deeply appreciated.

Greetings from the American Public Health Association were brought by the President, Dr. Haven Emerson, and by Dr. John A. Ferrell of the International Health Division, Rockefeller Foundation. The programme was characterized by the practical nature of the formal papers presented. The discussions followed the same trend. A tea, given by Miss Elizabeth Smellie, C.B.E., chairman of public health nursing section, provided a delightful opportunity for the renewing of acquaintances and meeting new members.

The programme of the public health nursing section centred around the educational efforts of the public health nurse, beginning with the development of community responsibility for health activities. The chairman emphasized the need for increased membership and participation in the organization, particularly on the part of administrators and supervisors of public health nursing. She spoke of the place of the public-spirited layman in health work and in this connection referred to an address given at the recent convention of the American Nurses Association, by E. C. Lindeman, Professor of Social Philosophy in the New York School of Social Work. Speaking on the topic of "Community Responsibility for Health", Mr. Lindeman said: "The moment community planning is done by professionals, we have an autocracy; professionals should be retained by the people to carry out effectively the demands and plans that the public have made and this implies an enlightened population." Two specific suggestions were made and later acted upon by the committee on resolutions:

1. That in future the term of office of the chairman and secretary of the public health nursing section be two years with the arrangement that they retire alternate years and that the vice-chairman be appointed yearly when the place of meeting is decided upon.
2. That a small committee be appointed to study such problems as may be referred to it, as suggested in the General Secretary's memorandum and in the Chairman's report.

The attendance at the public health nursing session was approximately 250, and a nurses' luncheon was well attended and greatly enjoyed if judgment may be based upon the hum of conversation that pervaded the room. Dr. Haven Emerson came in for a few minutes, and told of the recent appointment of the first public health nurse to be attached to the staff of the United States Public Health Service who will act as an associate consultant to the various Divisions as well as to State Departments of Health.

Department of Private Duty Nursing

THE FUTURE OF PRIVATE DUTY NURSING

MABEL McMULLEN, Private Duty Nurse, St. Stephen, N.B.

Into our nursing history are woven the names of many nurses who have contributed to the organization of the nursing world with respect to education, professional ethics, civic spirit and public usefulness. Among these names are those of many Canadian nurses who are aiding in the adjustment of our present-day problems, for even in 1929 it was realized that the nursing profession was involved in the world-wide economic depression.

We are all familiar with the fact that, as a result of the progress of medicine, hospitals have sprung up all over the country, training schools have increased in number and large numbers of graduates have been released, the majority of whom have entered the private duty field. Nurses, like many other luxuries, became necessities, but we have lived through the days when we took so much for granted until the present time when only a reckless gambler would take the longest odds that we shall see prosperity again. I freely admit that many of the ideas presented in that paper have been taken from the *Survey of Nursing Education in Canada* but I feel quite justified in using them because I am certain of their sterling value and I have chosen three points, stressed in that *Survey*, as being of vast importance to the future of nursing.

Educational Requirements

I am aware that the selection of students, their academic standing and their professional training comes under the jurisdiction of the nursing education section. However, private duty nurses realize that many nurses are handicapped because of their lack of sufficient early education. The recommendation of the *Survey* is "that the minimum academic requirement for admission to an approved school throughout Canada should be Junior Matriculation." Before and since the publication of the *Survey*, many schools of nursing have raised their educational standards, and the prediction is that in future students entering an approved school of nursing will have sufficient educational requirement to enable them to study, absorb, and apply the theoretical side of their training.

Over-Production of Nurses

Control of the number of nurses to be released from training schools lies within the power of the hospital administrators and hospital managers. It seems as if there could be no argument about the question of over-production. Nevertheless, there is a possibility that there are not too many nurses but, owing to the present economic situation, there is lack of employment for the large number of nurses on the market. Private duty nurses recommend that the output continue to be decreased until the present unemployment situation can be controlled by some form of organization.

The prediction for the future is that gradually we shall reach the point where all nurses will be continuously employed on a salary basis and the present haphazard way of earning a living will thus be done away with. The ever-present criticism of the "exorbitant fees" charged by nurses will be averted; private duty nurses will work for small fees, or salaries as they will be called in the future. There will be shorter hours; an assured income; time for rest, recreation, friendship and other phases of normal living.

The Weir Report states that 40 percent of nurses are continuously unem-

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An address read at the Biennial Meeting of the Canadian Nurses Association, June 27, 1934, in Toronto.

ployed while 60 percent of our people, acutely ill, cannot afford to pay for nursing care. The anomaly is dealt with, from time to time, in articles appearing in medical and nursing publications, and many stress the urgency of the nurses clinching the situation for themselves. In an address given before the Central Council of Nursing Education in Chicago, Dr. Hugh Cabot said: "If we fail to face our problems, and they have to be taken over by somebody else, that somebody else will inevitably be representative of the public and certainly less qualified than we are. We still have 'our night to howl' and I suggest that we will be well advised to take advantage of it."

Federal and Provincial Councils

The immediate future is concerned with finding a means whereby, to quote the *Survey*, "the economic gap between the nurse and the patient can be effectively bridged." The *Survey* suggests these plans:

> 1. A Federal Council on Nursing which might be a creation of the federal government and subject to a Dominion Board of Control. Canadian nurses should hold a large representation, with representatives from the medical and leading lay organizations. Its functions might include control of educational standards, the curriculum, examination standards, methods of teaching and of inspection and supervision. Should serious opposition arise to such a Federal Council receiving government assistance, this Council might be formed as a Division of the Canadian Nurses Association.
>
> 2. Provincial Councils would exercise functions which, with the advice of the Federal Council of Nursing, would be of an executive and administrative as well as an educational nature. Their prime function would be to organize and supervise the private duty nurses, and various attendants, who care for the sick for hire. Compulsory registration with these Councils would be adopted, and would include attendants, home helpers and practical women, as well as trained nurses. At the outset there would be no reason to modify the status of the public health or institutional nurse. Private duty nurses working through the local or district registries as a part of the Provincial Councils, would be given continuous employment on a regular salary basis. These district registries would serve as branches of the Councils, working under the direction and supervision of the Councils, and bringing types of nursing to homes as required.

Obviously, the organization of these services would be largely conditioned by the studies of local needs made by the Council, and by the establishment of effective contacts with the medical profession, training schools, hospitals, departments of health, and other agencies concerned with the care of the sick. The question arises as to whether all private duty nurses should be obliged to work under the direction of the Provincial Council and if there would be sufficient work to keep all nurses employed. To again quote from the *Survey*: "Nurses who prefer to remain 'free-lance' and enjoy their so-called personal freedom, might be permitted to do so, but only wealthy patients could compete financially with the services offered by the Councils and registries."

Control and Supervision

Another question arises as to whether the Provincial Councils could supply scientific nursing supervision as a reasonable assurance of efficient nursing service. In the judgment of the *Survey* this could be done though in some cases not without difficulty. It would appear to be more difficult to supervise a nurse in a home than in the class-room. The Victorian Order of Nurses supervises its members, and the principle of supervision could be made effective and scientific in the private duty field. Furthermore, the supervision of those engaged in their "nursing internship", as recommended in the *Survey* as one of the additions to the training of nurses, would be one of the important functions of the Councils.

As a private duty nurse, I predict that future nursing activities will revolve around these Provincial Nursing Councils and will be financed through federal assistance. I predict however, that the organization and operation of the system will be under the control of the Canadian Nurses Association.

It does not seem possible that any small group or groups of nurses will be able to meet the situation. Hourly, group, and other types of nursing may aid employment in a small way and be a means of informing the public that we are willing to give service to those needing such care, but this will not meet the need of the large number requiring nursing care. It will have to be done on a large scale, with representation and co-operation from all fields of nursing and on the following points private duty nurses should be unanimous:

1. We should familiarize ourselves with the situation.
2. We should recognize the fact that we are expected to play a part in future arrangements for the care of the sick.
3. We should do something to show our willingness to do our part.
4. We should teach the public that health and nursing care are theirs by right and can be obtained by co-operation with the nurses of Canada. This educational process will be slow, difficult, and discouraging but let us keep "hammering away", to use an old-fashioned expression. Let us impress upon all concerned the necessity of establishing funds and also that nursing care is not charity and that there is danger of making paupers.

The Distant Horizon

Now may I take a few minutes to visualize the distant future from an idealistic but nevertheless practical point of view. Having graduated from an approved school of nursing, the future nurse will be an intelligent, healthy, cultured young woman, versed in social ethics, equipped to earn a living, and in so doing, willing to be of service in the community in which she lives. She will have the desire to be a nurse for she will have proved that by qualifying herself for nursing, she will enter a well-organized nursing world; she will have many fields to choose from. She may specialize in psychiatric or neurological nursing, for these will doubtless be included in the future training of nurses; she may choose to become a "flight nurse" in the aviation service; she may choose private duty work. If so, she will not drift into it in a haphazard way, for she will have served her "nursing internship" which will have given her insight into this line of work. After at least one year of experience, she will take her Dominion Registered Nurse examinations; this will make her eligible for practise in any province and she will be known as a preferred nurse. She may choose to be a community nurse: this field will be under the supervision of the Provincial Council and she will be employed on a salary basis. The funds for this will be obtained from the State Health Insurance Fund. From this salary she will place a small sum, systematically, in the reserve fund to meet the inevitably recurring period of depression. The adoption of a socialized nursing service will bring her continuous nursing employment, a guaranteed salary, a systematic saving plan, and after a stated number of years of service, a superannuation similar to that of the teaching profession.

Thus we have before us a vague but ideal vision of the future of nursing. Happily, all past experience in the world's history shows that ideals, in a real sense, govern the world, and that a logical difficulty is not necessarily a practical impossibility. Applied to the nursing world, a generous and noble idea of fair play and the greatest good to the greatest number will work its own fulfilment. With high ideals let us face the future and in a practical way demonstrate these ideals. Furthermore, let us not force the pace of reform, or imagine that the ideal has been reached before the preliminary foundations have been laid.

Book Reviews

Mental Hygiene and the Public Health Nurse. By V. May Macdonald, R.N., formerly secretary for the Connecticut Society for Mental Hygiene, formerly organizer of social work, National Committee for Mental Hygiene. Second edition, revised and enlarged. 72 pages. Price $1.50. Published by J. B. Lippincott Company, Philadelphia. Canadian branch: 525 Confederation Building, Montreal.

This book is divided into two sections, the first of which is entitled "The public health nurse and mental disorders" and the second "The public health nurse and mental health." It is obvious that in a brief treatise which covers only seventy-two pages that it is not possible to give more than an outline of such a vast subject. Nevertheless this little book is useful for two reasons: it gives practical advice concerning the attitudes toward mental hygiene which should be developed by public health nurses and it furnishes a wealth of references for collateral reading.

Surgical Nursing, arranged according to the unit method. By Sister Mary Florence, R.S.M., B.S., R.N., Instructor in surgical nursing, Mercy School of Nursing, Mercy Hospital, Baltimore, Md. 119 pages, including blank pages for notes. Price $2.00. Published by the W. B. Saunders Company, London and Philadelphia. Canadian agents: McAinsh and Co. Ltd., 388 Yonge St., Toronto.

The content of this book has been prepared in accordance with the Morrison unit method of teaching. This method has five steps which may be summarized as follows: *Exploration*—to explore the student's background or fitness for the subject; *Presentation* — to present an overview of the unit to motivate the student; *Assimilation*—to study, i.e., to collect facts, to assemble illustrative material, in a word, to master the subject; *Organization*—to organize, to bring together, and to arrange data; *Recitation*—to recite, to give evidence to the teacher that she has mastered the unit.

The subject matter has been arranged under eight headings or units namely: (1) Preoperative and postoperative management; (2) major abdominal surgery; (3) glandular surgery; (4) nerve surgery; (5) thoracic surgery; (6) orthopedic surgery; (7) first aids; (8) anesthesia. The chief value of the book lies in the numerous thought-provoking questions which form a part of each unit under the heading of assimilative material. These should prove useful to student nurses who are making case studies. The blank pages make it possible to preserve the answers for future reference. Instructors will find this book very helpful in preparing for review.

REGISTRATION OF NURSES
Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in November.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to

MISS A. M. MUNN, Reg. N.
Parliament Buildings, Toronto

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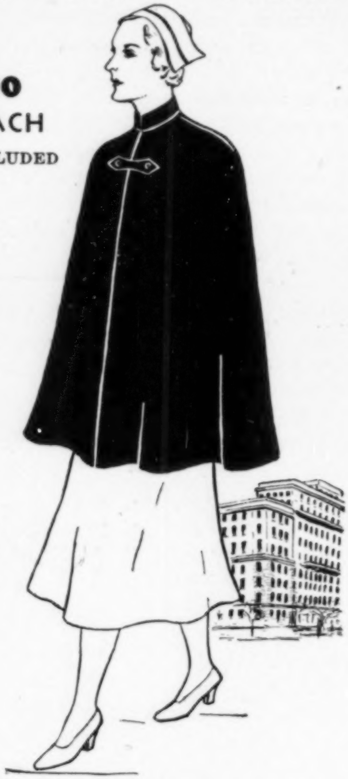

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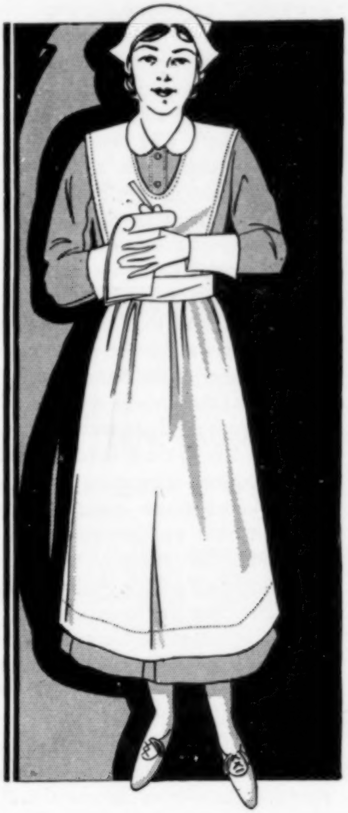

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Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

As announced in the August issue of the *Journal*, the official reports submitted to the Biennial Meeting are appearing in Notes from the National Office. The majority of these reports were published in August and September issues. This month, the report of the Central Curriculum Committee will be found in the Department of Nursing Education of the *Journal* while the report of the Committee on the Co-ordination of Nursing Education Interests appears herewith.

REPORT OF COMMITTEE ON THE CO-ORDINATION OF NURSING EDUCATION INTERESTS

I have the honour to present the report of the Committee on Co-ordination of Nursing Education. The appointment of this committee resulted from the following resolution presented by the Public Health Section of the Association of Registered Nurses of the Province of Quebec at the Biennial Meeting in 1932.

> "Whereas, nursing education is a subject of general and not sectional concern, and requires for its best development, the contributions of all branches of nursing, Therefore, be it resolved that the C.N.A. be requested to consider the formation of a central organization, apart from, and contributed to by, the private duty, public health and hospital or institutional sections, to carry on the study and related activities of nursing education."

The Committee has communicated with all the provincial conveners and has received replies from eight provinces. I will try as briefly as possible to sum up the findings of these various groups. Generally speaking, the thought expressed indicated that there was a need for closer co-operation on educational policies, but it was also evident that a very real fear of forming another section or committee existed. This fear is understandable if we are all thinking only in terms of the present set-up in consequence of which nearly all committees are composed of the same groups of already overburdened executives. Can we not, however, reach out and motivate some of the younger members of the profession who are now taking no part in the formation of policies, educational and otherwise, because they have not been encouraged to accept responsibility? One group asked this question—"There is now a national organization containing three sections, why form another section?" The question of whether or not we shall form a new section or committee does not appear to be so important as the realization that the need exists for analysis of the functions of each section, recognition that the major function of the nurse in any field is, or should be, educational, and that continuous growth is as important for the nurse as for any other member of the community. Are we so sure that the present set-up is adequate to meet present day needs that we must not even dare to think in terms of change?

A frequent suggestion was that the present curriculum committee was an answer to the problem presented by the resolution. The study of the curriculum has brought all groups closer together and I presume that the intention back of this suggestion is that the Central Curriculum Committee would become a standing committee on education with power to enlarge both the personnel and the scope of the committee. At present the members of the Central Curriculum Committee represent to a great extent the administrative group, and the study deals almost entirely with undergraduate education and with education within hospital walls. Other recommendations that seemed worthy of your consideration were:

1. "That after the sectional group meetings a committee from each section (suggested that this be the educational committee), meet to discuss problems in nursing which have arisen

during the meeting of any one of the sections and which are the concern of all three sections. The recommendations from this committee are to be brought to the general meeting for full discussion. This will obviate the necessity of the formation of the central organization suggested in the communication from the C.N.A. of February 12th." This might be practical and would necessitate that these meetings become an integral part of the programme.

2. "We consider the need for co-ordination in nursing education as stated in the resolution sent to the C.N.A. in 1932 of even more importance at the present time, and recommend that the convener of the special committee appointed at Saint John, 1932, be asked to continue her work for the next two-year period."

3. "As a means of widening the scope of this study provincial representation should be increased, and we suggest that each provincial section nominate two members, not necessarily conveners, interested or engaged in educational activities, who would give this project intensive study. As as result of such study we should be better prepared to deal adequately with the whole subject of co-ordination in nursing education."

In conclusion it is apparent that the profession, in company with the rest of mankind, is living through a very difficult phase of its existence, and that the rapid changes in our social structure call for many adaptations. The public health nursing group believe that they have something to contribute, and that the time has come for pooling all resources in the interest of the profession and the community. Private duty nurses appear to be more isolated than ever, and the institutional group are increasingly conscious of the fact that they are being called upon to prepare nurses to fit community rather than hospital needs. The problems are many and difficult, they are closely interwoven, and the best thought of all groups would seem to be necessary for the successful attainment of this joint educational project, the reorganization of nursing education.

MARION E. NASH,
Convener.

NEW BRUNSWICK ANNUAL MEETING

Pending the publication of the official report which will appear in the November issue, here are a few highlights of the very successful annual meeting of the New Brunswick Association of Registered Nurses which took place Sept. 11-12, in Saint John. The president, Miss A. J. MacMaster, was in the chair and reports of the various activities of the Association were given as follows: Secretary-treasurer-registrar: Miss M. E. Retallick; Curriculum Committee: Miss Margaret Murdoch; Nightingale Memorial: Miss F. Coleman; *The Canadian Nurse*: Miss Kathleen Lawson. The three sections were reported upon by Reverend Sister Kerr, Miss M. McMullen, Miss A. Burns. Miss McMullen's excellent address appears in this issue of the *Journal*. Miss Eunice Dyke was the guest speaker at a well-attended dinner and gave a most thoughtful and stimulating address. The election of officers resulted as follows: President: Miss A. J. MacMaster; First Vice-President: Mrs. G. E. VanDorsser; Second Vice-President: Mrs. A. G. Woodcock; Honorary Secretary: Sister Kenny; Councillors: Misses M. Kay, G. A. K. Moffat, E. M. Tulloch and M. Murdoch; *Convenor of Sections*: *Nursing Education*: Sister Kerr; *Private Duty*: Miss M. McMullen; *Public Health*: Miss A. A. Burns; Convener of constitution and by-laws committee, Miss S. Brophy; Secretary-Treasurer-Registrar: Miss M. E. Retallick. The above constitute the membership of the Executive Council for the coming year.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

NEW BRUNSWICK

Saint John: Lady Bessborough was a visitor to the patients of the Saint John General Hospital while touring the Maritimes. A special meeting of the Local Chapter of the N.B.R.N.A. was held prior to the provincial annual meeting held Sept. 12-13 at Saint John. Congratulations are being extended to Miss Vera McCarron for being the winner of the fitted bag given to the members of the 1934 graduating class of St. Joseph's Hospital, by the medical staff, for highest standing in theory. Friends are glad to hear that Miss Mary Murdoch has returned to new Brunswick. Among the summer visitors to Saint John were: Mrs. A. V. Thompson, Mrs. B. Belyea, Mrs. Ibbett, Mrs. Manzer, Mrs. Manchester, Mrs. Chisholm, Misses C. Shand, Stanley, Craig. Miss McDonald has been appointed to the staff of the East Saint John County Hospital.

St. Stephen: The local chapter of the N.B.R.N.A. met at the home of Miss Myrtle Dunbar on Sept. 4 when Miss Mabel McMullen presided. Miss Jessie Murray has returned after spending her vacation at her home in Saint John. Miss J. Sanson of Mt. Kisco was a recent visitor here. Miss Bessie Budd has returned to Brookline, N.Y., after spending her vacation here. Mrs. Maria Burton, matron of the Nurses Home of the Chipman Memorial Hospital for the past twenty years, has retired to live with her son. Miss Etta Dewolfe of St. Stephens succeeds her. Miss Estella Murphy has gone to Whitby, Ont., to take a postgraduate course in psychiatry.

NOVA SCOTIA

Halifax: The annual meeting of the Hospital Asscoiation of Nova Scotia and Prince Edward Island took place on August 28-29 in Charlottetown. The president, Rev. H. G. Wright, pointed out that the only successful way of coping with tuberculosis is by the provision of free beds and the adoption of a policy which will make our present sanitoria available to all. Dr. Harvey Agnew spoke on "The Canadian Hospital Council"; Mr. W. K. Rogers of Charlottetown on "Building a hospital"; Mr. L. D. Currie of Glace Bay, on "What the public expects of our hospitals"; and Dr. G. S. MacIntosh, Halifax, and Miss Marion Boa, R.N., Superintendent of Nurses, Aberdeen Hospital, New Glasgow, spoke respectively on "What the medical profession expects of our hospitals" and "What the nursing profession expects of our hospitals." A public meeting was held in the evening, featured by a number of speeches relating to the betterment of hospitals. On August 30, Dr. J. G. MacDougall of Halifax was the chief speaker, and the appointment of officers and committees took place. The Rev. H. G. Wright pointed out that in Nova Scotia there is an active policy with respect to district nurses and local annexes and, as the work of the district health nurse brings her in contact with homes where tuberculosis exists, her part in rooting out the disease is extremely important. More work should be done in the public schools, particularly in the high schools where scholars are old enough to grasp the significance of the facts brought to their attention.

Halifax: The following nurses were successful in passing the May examinations for Registration of Nurses in Nova Scotia. The first three are in order of merit, the rest are alphabetically arranged: Effie MacDougall, Glace Bay General Hospital; Viola Evelyn

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Weatherbee, St. Martha's Hospital, Antigonish; Loretta Mae McGillivray, St. Martha's Hospital, Antigonish; M. H. Adams, Sister Mary Annette, C. R. Blue, E. W. Booth, M. M. Burns, H. Butler, M. Campbell, Sister Mary Consilio, W. Curtis, M. Donaldson, M. C. Fraser, M. S. Fraser, M. MacGregor Graham, F. Herve, M. J. MacCuish, I. MacDonald, M. I. MacDonald, M. MacDonald, M. E. MacDonald, C. M. MacInnis, T. C. MacKenzie, F. C. MacLaughlin, K. MacNeil, S. B. MacSween, M. C. Martin, M. J. Merner, M. I. Morrison, I. M. Morton, P. M. Myra, M. E. North, A. W. O'Toole, H. C. Prendergast, P. B. Publicover, A. E. Sanford.

HALIFAX: The annual Maritime Conference of the Catholic Hospitals Association opened at Halifax on Sept. 4, when Dr. G. H. Agnew spoke on group health insurance and pointed out the importance of adopting such a measure. Dr. G. H. Murphy stressed the preventive side of medicine, and foresaw the need of group health insurance to provide means to carry out a preventive programme. Sister Mary Peter, St. Martha's Hospital, Antigonish, spoke of the progress made by the Association during the past two years, in spite of depressed times. She also referred to the opening of the Halifax Infirmary, a new staff home at Glace Bay, and annexes for tuberculosis at Antigonish and Inverness. The intellectual side of the work had not been neglected and postgraduate courses and higher studies had been taken by many nurses. A highlight of the morning session was an address on "Hospital Economics" by Mr. Gale, an authority on the business side of hospital administration. Twenty-four delegates from various points in the Maritimes attended, together with local representatives.

HALIFAX: On August 15 the committee of the Victorian Order of Nurses, Halifax, entertained at a most enjoyable afternoon tea for Miss Elizabeth Smellie, C.B.E., Chief Superintendent of the V.O.N. Miss Anne Slattery recently attended the meeting of the Hospital Association of Nova Scotia and Prince Edward Island, which was held at Charlottetown, P.E.I. Miss Lillian A. Ford who is now Visiting Nurse in Orange, N.J., is visiting friends in Halifax. Among those who have entertained for her is Miss Victoria Winslow, superintendent of nurses, the Children's Hospital, who gave a delightful bridge party in her honour.

MARRIED: On July 28, 1934, Miss Eileen Westaway Booth (Halifax Children's Hospital, 1934), to Mr. Horace Kent Cutten.

MARRIED: On June 20, 1934, Miss Florence Agnes Byers (Victoria General Hospital, 1932), to Mr. Raymond Hartling.

MARRIED: Recently, Miss Lenora Amelia Calder (St. Joseph's Hospital, 1928), to Mr. Frank Copeland.

QUEBEC

MONTREAL GENERAL HOSPITAL: Miss Martha MacDonald (M.G.H., 1927), has been appointed assistant supervisor of the Western Division of The Montreal General Hospital. Miss Isabel M. McMann (M.G.H., 1927), has been appointed sister-in-charge of Surgical Ward L. Central Division, and she has been replaced at the Western Division by Miss Catherine Anderson (M.G.H., 1932). Miss D. I. MacRae (M.G.H., 1927) and Miss M. A. Shannon (M.G.H., 1932), have been appointed to the night staff of the Central Division. Miss Eunice McDonald (M.G.H., 1930), has been appointed to the staff in the metabolism department. Miss Jean Home (M.G.H., 1918), has been appointed assistant to the sister-in-charge of the Nurses' Home. Among those taking courses at the McGill School for Graduate Nurses, McGill University, this coming year are: Miss D. M. V. Flint (M.G.H., 1929); Miss G. M. MacKay (M.G.H., 1929); Miss B. C. Underhill (M.G.H., 1932); Miss D. R. Colquhoun (M.G.H., 1933), and Miss Anne Peverley (M.G.H., 1933).

MARRIED: On August 25, 1934, Miss Hazel Miller (M.G.H., 1922), to Mr. George Cutler.

MARRIED: In August, Miss M. McVean (M.G.H., 1929), to Mr. James Stewart Arbuckle.

MONTREAL: ROYAL VICTORIA HOSPITAL: MARRIED: On September 8, 1934, in Winnipeg, Miss Florence Elizabeth McCormack (R.V.H., 1929), to Dr. Maitland Boyd Perrin, of Hartney, Man.

SASKATCHEWAN

SASKATOON: Miss Edith Amas (S.C.H., 1923), who attended the School for Graduate Nurses, McGill University, 1929, has been appointed Director of the School of Nursing, City Hospital, Saskatoon. Miss Marion Bie (S.C.H., 1933), has been appointed assistant instructor, and Miss Eleanor Grace Crosby (S.C.H., 1933), as night supervisor.

MARRIED: On August 18, 1934, Miss Mary Hewitson Hagerman (S.C.H., 1926), to Mr. George Alexander Tilden of Holstein, Ont.

MARRIED: Miss Helen Burnett Sim (S.C.H., 1923), to Mr. Headley Fraser, of Rosetown, Sask.

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OVERSEAS NURSING SISTERS ASSOCIATION OF CANADA

TORONTO: Members of the Toronto Unit enjoyed the Canadian Corps Reunion, which was held from August 4 to 6 as a part of Toronto's Centennial Celebrations. Matron Hartley, Miss Ruby Hamilton, president of the Unit, and Mrs. James were present, in uniform, at the Memorial Service on August 4 and placed a wreath on the Cenotaph. "Clink, Clink!" went the medals, as "Sisters" assembled at the Red Cross and piled into the bus which the Reunion Committee had sent to take them to the Exhibition grounds for the "March Past." It was thrilling to watch the divisions assembling. The red berets of the First Division and the green ones of the Fourth blended together like a field of waving poppies. Opposite the stand were the navy blue and french blue berets of the Second and Third Divisions. The salute was taken by his Honour the Lieutenant Governor of Ontario; Field Marshall Viscount Allenby and Admiral Sir Reginald Tyrwhitt were with him and gave brief addresses. Fifty members of the Unit met later for dinner. On August 5, the Unit members were again conveyed to Riverdale Park where they took part in the inspiring Drum Head Service. The climax of the reunion was the Military Tattoo held at the natural amphitheatre at Riverdale Park. The broad valley was filled with massed bands marching with torches and from the surrounding slopes where solid masses of people sat, the effect was marvellous. The late summer darkness fell and a beautiful display of fireworks brought to a dramatic close this remarkable gathering.

OBITUARY

BARDEN—Nursing Sister Katherine E. Barden, R.R.C., was laid to rest August 23, 1934, in the Field of Honour at Pointe Claire, Que. Burial was preceded by a funeral service at St. Ignatius Church, Loyola College. Miss Barden was a native of Quebec, a daughter of the late Mr. and Mrs. Richard Barden, and was educated at the Ursuline Convent, Quebec. She trained as a nurse at St. Vincent's Hospital, New York City. Upon the outbreak of war she joined the C.A.M.C., and landed in France September, 1915; served throughout the war and was decorated and mentioned in despatches. After the Armistice Miss Barden returned to Canada and joined the staff of the Christie Street Military Hospital, Toronto, and was appointed a member of the nursing staff at Ste. Anne's Hospital, Ste. Anne de Bellevue, in 1926. Although she suffered great pain during her last illness she bore it with the same courage with which she performed her duties. Taps and reveille were sounded at the graveside by Ex. Sergt. Newman, late of the P.P.C.L.I., while over fifty ex-service men stood at attention. At the conclusion of the ceremony nurses deposited flowers from their personal gardens. Among those present were: ex-Nursing Sisters, C. A. Donnelly; N. Enright (President of the Overseas Nurses' Club, Montreal Unit); M. McKenna; A. Snider, L. E. Connerty, C. C. Thompson, M. Dewar, H. J. McArthur, I. Stewart and the Misses I. M. Jordan, R.N., L. Stewart, R.N.; Misses Harrington, Robb and Lamont, Capt. G. H. Boyd, superintendent of Ste. Anne's Hospital, Dr. Brennan, headquarters D.P.N. & H., Montreal, Dr. Kauffman, Dr. R. Hangrove, Dr. E. Mallette, Dr. W. Dunn, Dr. Lemieux, Rev. Canon Whitley and members of her family. The ceremony was held under the auspices of the Last Post Fund as a special mark of honour to a Nursing Sister who rendered distinguished services to her country.

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QUEBEC

Association of Registered Nurses of the Province of Quebec Incorporated 1920

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss Ruby M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss Helen B. Smith, General Hospital, Regina; Councillors, Miss Jean McDonald, 1122 Rae St., Regina, Miss Elisabeth Smith, Normal School, Moose Jaw; *Conveners of Standing Committees: Nursing Education*, Miss Annie Lawrie, General Hospital, Regina; *Public Health*, Mrs. E. M. Feeney, Department of Public Health, Regina; *Private Duty*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; Legislation, Miss R. M. Simpson, Regina; Secretary-Treasurer and Registrar, Miss Margaret Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

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Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss Turner; Second Vice-President, Miss O'Brien; Recording and Corresponding Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Treasurer, Miss Gavin; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

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BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss V. B. Eidt, Acting Superintendent, Kootenay Lake General Hospital; President Miss K. Gordon; First Vice-President, Miss M. Madden; Second Vice-President, Miss S. Archibald; Secretary-Treasurer, Miss Edna Fraser, Box 1105, Nelson, B.C.

Vancouver Graduate Nurses Association

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Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Mrs. E. B. Strachan, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron, Miss D. Frampton.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Eva McNally; Vice-Presidents, Mrs. L. Fletcher, Miss M. Parsons; Secretary, Miss Dorothy Longley, Mental Hospital, Brandon; Treasurer, Mrs. M. Long, Dominion Bank Bldg., Brandon; *Committees:* Press, Miss Helen Morrrison; Sick Visiting, Mrs. J. R. Fisher; Welfare, Miss E. M. Higgens; Social and Programme, Mrs. E. Hanna; Cook Books, Mrs. A. Kains; *Private Duty*, Mrs. L. Fletcher, Miss Isobel Knox; Registrar, Miss C. Macleod.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss E. Bean; Vice-President, Miss G. Dwaine; Corresponding Secretary, Miss F. Wardleworth; Recording Secretary, Miss Harvey; Treasurer, Miss Margaret Robins-Representative to *The Canadian Nurse*, Miss C. Hornby, Box 324, Sherbrooke; Representative, *Private Duty Section*, Miss E. Morrissette.

MONTREAL

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop St.; First Vice-President, Miss G. Allison; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss R. Last; First Vice-President, Miss C. Kier; Second Vice-President, Mrs. W. Metcalfe; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; *Conveners of Committees: Nursing Education*, Mrs. M. Young, Sr. Mary Raphael, Miss E. Jensen; *Private Duty*, Miss E. Wallace, Miss E. Farquhar, Miss T. Reynolds, Miss J. Casey; *Public Health*. Registrar, Miss C. Kier; Programme, Miss G. Taylor; Sick Visiting, Miss L. Trench; Social, Miss M. Armstrong; Constitution and By-Laws, Miss E. Lamond; Representative to *The Canadian Nurse*, Miss M. Gall; Press Representative, Mrs. J. Phillips.

Alumnae Associations

ALBERTA

A.A., Holy Cross Hospital, Calgary

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A.A., Royal Alexandra Hospital, Edmonton

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A.A. University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss M. Reed; First Vice-President, Miss L. Gourlay; Second Vice-President, Miss B. Fane; Recording Secretary, Miss A. Revell; Corresponding Secretary, Miss D. Duxbury, University Hospital; Treasurer, Miss M. Rowles, University Hospital; Executive, Misses M. Gordon, I. Ross, A. Baker.

A.A., Lamont Public Hospital

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BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Geddes; Vice-President, Miss R. McKernan; Secretary, Miss F. Treavor, Assistant Secretary, Miss V. Dyer; Treasurer, Miss B. Muir; Executive, Misses M. McDonald, E. Berry, I. Clark, V. Pearse, S. Christie, R. McGillivary, K. McDonald.

A.A., Vancouver General Hospital

President, Miss M. Lunan; First Vice-President, Mrs. C. H. C. Bell; Second Vice-President, Mrs. K. Craig; Secretary, Miss I. Collier; Corresponding Secretary, Miss K. Heaney, Vancouver General Hospital; *Committee Conveners:* Programme, Miss A. Croll. Membership, Miss V. Peters; Sick Benefit, Mrs. Maitland; Refreshments, Miss J. Hunter; Press, Mrs. G. E. Gillies; Treasurer and Bonds, Miss Geary, 3176 West 2nd Ave.; Representative, V.G.N.A., Miss Rhodes.

Royal
A.A., Jubilee Hospital, Victoria

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MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt, Children's Hospital; Treasurer, Miss M. D. Hughes; Sick Visiting, Miss Edith Jarrett; Entertainment, Mrs. Geo. Wilson

A.A., St. Boniface Hospital, St. Boniface

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A.A., Winnipeg General Hospital

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NEW BRUNSWICK

SAINT JOHN

A.A., Saint John General Hospital

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WOODSTOCK

A.A., L. P. Fisher Memorial Hospital, Woodstock

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ONTARIO

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A.A., Belleville General Hospital

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A.A., Brantford General Hospital

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A.A., Brockville General Hospital

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A.A., Public General Hospital

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A.A., St. Joseph's Hospital

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A.A., Cornwall General Hospital

Hon. President, Mrs. I. P. MacIntosh; President, Miss Verna Meldrum; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

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A.A., Galt Hospital

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A.A., Guelph General Hospital

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A.A., Hamilton General Hospital

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A.A., St. Joseph's Hospital, Hamilton

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A.A., Ontario Hospital

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ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss G. M. Went; First Vice-President, Miss L. Whitton; Second Vice-President, Miss M. Harvie; Secretary-Treasurer, Miss Alice M. Smith, 112 Peter St. N. Regular Meeting—First Thursday of each month.

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A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams, General Hospital; President, Miss J. McIntosh, 414 Masson St.; First Vice-President, Miss J. Thompson, 115 Agnes St.; Second Vice-President, Miss R. Post, General Hospital; Secretary, Miss M. Chappell, 259 Celina St.; Assistant Secretary, Miss M. Tribble, 91 Connaught St.; Corresponding Secretary, Miss E. Clark, 97 Athol St.; Treasurer, Miss E. Dickinson, 534 Mary St.

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A.A., Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton; President, Miss Jean Blyth; Vice-President, Miss M. McNiece; Secretary, Miss Gertrude Halpenny, Protestant Children's Village; Treasurer, Miss M. Slinn, 204 Stanley Ave.; Board of Directors: Misses E. McColl, S. McQuade, L. Bedford, M. Stewart; *Committee Conveners:* Flower, Mrs. V. Boles; Press, Mrs. W. C. Elmitt; Representative to *The Canadian Nurse*, Miss A. Ebbs.

A.A., Ottawa Civic Hospital

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A.A., Ottawa General Hospital

Hon. President, Rev. Sr. Flavie Domitille; President, Miss K. Bayley; First Vice-President, Miss G. Clark; Second Vice-President, Miss M. Munroe; Secretary-Treasurer, Miss Dorothy Knox, Ottawa General Hospital; Membership Secretary, Miss F. Poitras; Sick Committee, Miss P. Bissonnette, Miss S. Kearns, Miss B. Legris; Representative to *The Canadian Nurse*, Miss E. Kennedy; Representatives to Local Council of Women, Mrs. Latimer, Mrs. Dunne and Mrs. Le Clair; Representatives to Central Registry, Miss Rogers, Miss M. Landreville.

A.A., St. Luke's Hospital

Hon. President, Miss E. Maxwell; President, Miss M. MacLaren; Vice-President, Miss M. Lunan; Secretary, Miss M. Nelson, 44 First Ave.; Treasurer, Miss I. Allan, 1188 Gladstone Ave.; Central Registry, Misses M. Wilson, S. Carmichael; Nominating Committee, Misses S. Clark, S. Carmichael, E. Young; Representative to *The Canadian Nurse*, Miss M. Drummond, Civic Hospital.

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A.A., Owen Sound General and Marine Hospital

Hon. President, Miss B. Hall; President, Miss F. Rae; First Vice-President, Miss M. Paton; Second Vice-President, Miss J. Agnew; Secretary, Miss A. Robertson, 473-12th St. W.; Treasurer, Miss A. Weedon; Pianist, Miss R. Dunoon; Flower Committee, Mrs. McMillan; Programme Committee, Miss M. Cruickshank; Sick Committee, Miss M. Sim; Press Representative, Miss H. Walden; Refreshment Committee, Miss C. Penner; Auditor, Mrs. Johnston.

PETERBORO

A.A., Nicholls Hospital

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SARNIA

A.A., Sarnia General Hospital

Hon. President, Miss M. Lee; President, Miss L. Segrist; Vice-President, Miss A. Cation; Secretary, Miss A. Silverthorn; Treasurer, Miss A. Wilson, Representative to *The Canadian Nurse*. Miss C. Medcroft; Flower Committee (Convener), Miss D. Shaw; Programme and Social Committee, Miss L. Segrist.

STRATFORD

A.A., Stratford General Hospital

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ST. CATHERINES

A.A., Mack Training School

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ST. THOMAS

A.A., Memorial Hospital

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TORONTO

A. A. Grace Division, Toronto Western Hospital

Hon. President, Mrs. C. J. Currie; President, Miss A. O. Bell; Recording Secretary, Miss Doris L. Kent; Corresponding Secretary, Miss May Hood, Grace Hospital, Toronto; Treasurer, Miss V. M. Elliott, 194 Cottingham St.

A.A., The Grant MacDonald Training School for Nurses

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